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The Role of Men in Gender Equality_Eire Report

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The Role of Men in Gender Equality_Eire Report

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Introduction

The period 1997-2011 has been a time of significant social and economic change in Ireland, with the economy transitioning from 'bust' to 'boom' and from 'boom' to 'bust'. In 2001 Ireland was economically prosperous and there were grounds for much optimism in respect of gender equality. Women were entering the labour market in large numbers and with higher qualifications, and equality was beginning to be recognised in legislation and through the work of bodies such as the Equality Authority and the Equality Tribunal. The Employment Equality Act 1998 came into force in October 1999 (amended by the Equality Act 2004) prohibiting discrimination within employment on the grounds of gender, marital [civil] status, family status, age, race, religion, disability, sexual orientation and membership of the Traveller community. The Equal Status Act came into force in 2000 (amended by Equality Act 2004) prohibiting discrimination on the same grounds within a range of areas including the supply and access to goods and services including accommodation and education.

This report is written at a time, in many respects, in marked contrast to 2001 because Ireland is experiencing a deep recession. Irish people face significant social and economic uncertainty. Unemployment and emigration have dramatically increased and the State is mid way through a wave of major austerity measures designed to rein in its budget deficit within the context of the wider euro zone banking crisis. Large reductions in pay along with significant changes in working conditions in the public sector are ongoing, accompanied by widespread cuts in child care benefits, social welfare payments, and social, health and education services. The precise effect of these changes on the lives of men and women is speculative at this point, and so too is how it might affect gender equality (and key objectives for women, see Government of Ireland, 2007). However all low income and other vulnerable groups of people are being hit hard, and women will be especially negatively affected by changes in public sector pay and conditions and as carers who rely heavily on health and social services. On the other hand men it is likely for men to be negatively affected by indebtedness and unemployment especially in how these experiences have particular gender consequences for men in terms of high rates of suicide, depression and other mental health problems.

What we know in terms of gender equality at this point is that women continue to undertake most of the unpaid childcare in the context of having the poorest level of childcare services in the EU; that women are concentrated in low paid and part-time work and earn 17% less than men; that 14% of women are at risk of poverty, rising to 34.4% for lone parents 90% of whom are women; and that there is a significant democratic deficit for women– the target of having 40% female members of state boards is unmet and only 13% of TD's (MP's) and 19% of local councillors are women (National Women's Council of Ireland, 2010). Priority areas for women's equality include addressing low levels of women in key decision making arenas; the impact of care responsibilities on women's participation in society; the impact of the recession and austerity cuts on women and the women's sector; addressing the persistence of violence against women; the urgency of a gender mainstreaming strategy for the Irish health service; and the recognition of women's unpaid work by changing the male breadwinner structure of the welfare system (National Women's Council of Ireland, 2011).

In this report I have, where available, emphasised research (qualitative and quantitative) that addresses men but the lack of critical gender research on gender and masculinities in Ireland (2001; 2001 ; Gosine, 2007; Hearn, Pringle, Muller, Olesky, Lattu, Chernova, Ferguson, Holter , et al., 2002; Hearn, Pringle, et al., 2002a, 2002b; Pringle, et al., 2001; The Policy Institute, 2005) in many areas means I have relied also on research focussing on women, and inferring from this to men's lives. Irish policy has been criticised for lacking a

gender awareness (The Women's Health Council, 2005), with research either taking an explicit focus on gender (meaning women), or being a gender-blind (ignoring issue of gender). Certainly men's role in gender equality (as opposed to inequality) has not previously been documented or researched systematically in Ireland, although there is a growing body of academics interested in the subject of men and masculinities (see Cleary, 2005b). There are signs that gender equality is beginning to focus on men's relation to gender equality as well as men's experiences of (gender) inequality. The Equality Authority (2009) has proclaimed an interest in 'Promoting the status of men as carers, in particular the equal sharing of caring rights and responsibilities between women and men and continuing dialogue with men's organisations on issues of equality for men', as well as 'Responding to gender equality issues for men including their impact on health and wellbeing'. There may also be unanticipated consequences of economic recession that increase the sharing of caring and domestic work but again this is speculative.

2.1. Involvement of men in domestic and care work

Men's role in care and domestic work in Ireland relates to the historical context of a conservative culture traditionally dominated by Roman Catholic ideas favouring strong separate roles for men and women. While men's attitudes to involvement in caring have changed considerably especially in terms of children (Hillard, 2007), the legacy of a conservative gender ideology continues to influence men's caring practices (Hanlon, 'in press'). Although there have been calls for constitutional change, the Irish Constitution continues to define women as primary carers (Government of Ireland, 1937).

The definition of women as carers is more than anachronistic. Statistics confirm the highly gendered nature of care and domestic work in Ireland. Of persons aged 15 years and over, the 'vast majority of those looking after home/family are women' (CSO, 2010:10). In 2010 521,100 women compared with 7,500 men held the principal economic status of 'looking after home/family'; in 2,000 these figures were 558,100 and 8,000 respectively (CSO, 2010). In 10 years fewer women and men are recording this principal status with more women now in the labour force (51.8% in 2010 compared with 44.5% in 2,000), and of those not in the labour force in 2010, 60.5% of women were 'looking after home/family' compared with 1.5% of men (CSO, 2010). It will be interesting to see, however, how the economic situation in Ireland affects men's and women's participation in the labour force over the coming years.

The proscriptive and descriptive reality of women's caring is reflected in States response to the problem of care. Among European societies the Irish welfare state has taken a particularly conservative and residual approach toward caring with the gender division of labour considered a private issue for families (Daly & Clavero, 2002; Daly & Rake, 2003). The Irish State has consistently favoured safer policies that don't pit working women against women in the home but this creates a tension between labour-market and welfare-care objectives (Helen Russell, O'Connell, & McGinnity, 2009). The dramatic increase in women's participation in the labour market combined with an aging population within the context of State policies that presume a female carer at home has placed pressure on the reconciliation of work and care (McGinnity, Russell, & Smyth, 2007).

2.1.1. Household chores and the contribution of men

The most complete data set on the distribution of caring and domestic work between men and women in Ireland is based on the Irish National Time-Use Survey conducted in 2005 (McGinnity & Russell, 2007; McGinnity, Russell, Williams, & Blackwell, 2005). The study

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reveals a great deal about the extent that care and domestic work is gendered. Using this data the National Women's Council of Ireland (2009) highlight, for example, how over the course of a week women do 86% of child supervision, 69% of playing with and reading to children, 82% of care to adults, 80% of cooking, 86% of cleaning, and 70% of shopping. Lynch and Lyons (2008) have analysed this data in conjunction with the Census, the Quarterly National Household Survey, and the European Community Panel Survey. Firstly they point out that Irish data is limited because the Census excludes the care of children as care work except where a child has a disability; and all data focuses on hours worked but not on the duration and scope of caring except (at the time) the above mentioned pilot Time-Use study. Lynch and Lyons (p169) identify:

'...that 28 per cent of the adult population have care responsibilities, and of those involved in caring, 85 per cent (973,220) are caring for children only, while a further 7 per cent (all of whom are women) are caring for both children and adults with care needs. Only 8 per cent of carers are caring for adults only'...[that] '...women are almost two and a half times as likely to be carers for children only than is the case for men: 34 percent of women were engaged in the care of children, only 14 per cent of men were...the ratio of men caring for adults or others with an illness or a disability is 60:40...The disparity in unpaid caring stands at a ratio of 2.5:1; 40 percent of women aged 16+ years or older have some care responsibilities (mostly for children) compared with 16 per cent for men...'.. (p. 170).

Further they show women:

'...work far longer hours at caring...When one counts those involved in more than 43 hours of care work per week, the EHPC data show that 58 per cent of women carers are in this category compared with 12 per cent of men. This means that women are almost 5 times as likely to work long care hours than is the case for men' (p.171).

More recently McGinnity and Russell (2008: x-xii) carried out a subsequent analysis of the 2005 Time Use study but additionally comparing the gender distribution of both paid and unpaid work:

'The distribution of paid and unpaid work in Ireland is very different for men and women. On weekdays, men spend on average considerably more time on paid employment than women, while women spend substantially more time on caring and household work. These gender patterns also hold for the weekend. Men continue to spend more time in paid employment, while women spend much more time on caring and domestic work. While women's and men's employment time declines at weekends, women's unpaid work and caring time remains virtually unchanged; this leads to a gender gap in time devoted to leisure at weekends...In the case of childcare, men are more likely to be involved in social/emotional care while women do the bulk of the physical care/supervision. In terms of housework, women spend a far greater amount of time on core domestic tasks like cleaning, cooking and shopping, while men spend more time on house repairs and gardening.'

Remarking on women's increasing participation in the labour market they found that:

'...the typical reduction in average time spent in unpaid work is not sufficient to compensate women for increases in paid work...Women generally reduce their time spent in household work when they have a paid job. However, this is far less than a

one-for-one reduction, so even when they spend a similar amount of time on paid work as men, women are still found to do more domestic work, particularly at weekends...[therefore] women's total workload is higher than men's. Based on our estimates, women work on average around 40 minutes longer per day than men, including both paid and unpaid labour and travel time.'

McGinnity and Russell further examined the division of labour within couples. While in traditional male breadwinner households there was a negligible difference in the overall time committed between men and women, in dual-earner households they found:

'...women do more paid work (and less unpaid work) than women in male breadwinner couples, and men do less paid work (and more unpaid work) than men in male-breadwinner couples. Dual-earner couples also spend less time on unpaid work per average day than male breadwinner couples. Nevertheless, there are still gender differences in the allocation of time to employment and unpaid tasks in dual earner couples, with women having on average a higher workload than men...Having young children leads to a much greater increase in women's unpaid workload than in men's, regardless of the woman's hours of paid work. This holds for both weekdays and weekends. Thus, the female share of unpaid work is greater among parents than in couples without children. At the same time, in couples with children, men do more paid work on weekdays. As is found in other countries, parenthood brings a reallocation of time for both men and women, resulting in a more traditional division of labour.'

The above Time-Use analysis is very insightful about the division of household labour but it is dated, especially in the context of the social and economic changes that have affected Ireland in recent years. Several newspaper articles have suggested that the high numbers of men unemployed has resulted in more men becoming involved as primary carers (so called 'stay-at-home-fathers'), but there appears to be no empirical evidence for this claim. Further qualitative and quantitative research is needed on men's caring practices both for children or adult dependents.

2.1.2. Care involvement of men for dependent persons (children, sick/elder care)

Carers in Irish policy are defined as persons over 15 years of age who provide regular unpaid personal help for a friend or family member with a long-term illness, health problem or disability (including due to old age) or to a child with a disability. Women comprise the vast majority of *Carers*. However, reflecting international research, compared to other care roles, men are relatively highly represented as *Carers*. Men's *Caring* for older people, those with illnesses or disability, show the least gender disparity, and although women work longer hours, this is less significant than disparities in how women care for children, or combine caring for children and adults (Lynch & Lyons, 2008: 172).

At the time of writing, data about *Carers* is not available from the 2011 Census. The 2006 Census identifies between 100,214 (or 62%) of all *Carers* are women, and 60,703 (or 38%) are men (The Carers Association, 2009). The overall gender balance for all *Carers* in 2006 was 37.7% male and 62.3% female, and this was similar when the numbers of 'full-time' *Carers* were isolated (34.3% male and 65.7% female). Higher numbers of women *Carers* are recorded when you look at data on recipients of Carers Benefit and Carers Allowance (Care Alliance Ireland, 2010). Between 2000 and 2010 the Central Statistics Office (CSO) identified around four-fifths (fluctuating between 79%-81.1%) of recipients of either Carer's allowance or Carer's Benefit are women (CSO, 2010).

Higher rates of male *Carers* participate in the labour force compared to women, which is somewhat similar to participation rates for men and women who are not *Carers* (CSO, 2010)

and this perhaps explains why fewer men are receiving these welfare payments. Data suggests that Irish male *Carers* work fewer hours caring compared to women *Carers* (Lynch & Lyons, 2008). 'Women carers who are in paid employment are more likely to work part-time than men. Just under 2 in 5 of women Carers in employment (39.8%) worked less than 30 hours per week in 2002 compared with just over 1 in 9 of men carers in employment (11.4%)' (The Equality Authority, 2005: 20).

The involvement of *Carers* varies with age. 5% of women and 3% of men in the 25 to 44 years cohort provide unpaid care, increasing to 10% of women and 6% of men in the 45 to 64 age cohort, and decreasing again to 4% of female Carers and 3% male Carers aged 65 and over (The Carers Association, 2009: 15). Average hours of caring is highest in the 65 and over age cohort (an average of 35 hours per week by men and 36 hours per week provided by women) (The Carers Association, 2009: 18). 'This increases considerably with age, with Carers aged 15 to 24 averaging 16 hours per week for males and 16 hours per week for females.' (The Carers Association, 2009: 18). A recent report on young *Carers* in Ireland also identified the 15-24 age cohort comprised a relatively high number of males (5,621, compared with 6,665 females), representing 46% of *Carers* within that category compared with the general population of 38% male (Child and Family Research Centre, 2010: 59). Nonetheless, the report found 'a gendered dimension'; whilst some boys took on substantial caring responsibilities without reluctance some girls took on the bulk of the care tasks even when there were male siblings available and able to help (Child and Family Research Centre, 2010).

The relatively high representation of men as Carers has been used to in the print media quarters to suggest that unpaid caring is not female dominated (O'Morain, 2008). Despite this, the fact that 6 in 10 Carers are women shows how, even taking this relatively more equal context into account, caring in Ireland is 'culturally constructed as women's work' (Cullen, Delaney, & Duff, 2004: 18). Cullen, Delaney and Duff (2004) argue however that caring is affected by gender and occupational status which also affect access to family friendly working policies. They acknowledge that compared to previous studies men have increased their involvement as Carers speculating that this related to a 'role rebalancing in employment rates' (25). They note the higher rate of labour market participation among male *Carers* but also that this was increasing among female carers. Importantly they suggest 'There is general evidence that men tend to organise their family commitments around the needs of their work whereas women tend to organise their work around their family commitments.' (p. 46).

We have a much better appreciation of the needs of *Carers* now than we did 10 years ago, especially in terms of respite care and other services, and increasingly about how *Carers* interact with paid work. Carers (especially women) have benefitted greatly from the introduction of the Carers Allowance and Carers Benefit. Many services and payments are under scrutiny as a consequence of the government's austerity programme and this will especially impact on women *Carers*, because they rely on these welfare payments proportionately more than male Carers.

There is growing body of research about men as caregivers internationally (see Kramer & Thompson, 2005) but our understanding about the involvement of Irish men as *Carers* is limited and anecdotal and we certainly have not examined this through a gender equality lens. Whilst the needs and issues of male and female Carers will be broadly similar, there are also specifically gendered issues and experiences. For example, in a submission to the National Positive Ageing Strategy, the Carers Association and Care Alliance noted how:

‘...male Carers are 1.8 times more likely to have a lower quality of life than female Carers. While many of the issues faced by male and female Carers are the same, such as struggling to cope, having access to relevant information and the lack of formal recognition, experience in supporting Carers has shown that male carers can be more vulnerable to social isolation, are not adequately recognized as carers, have inadequate social support, and were more likely to use destructive coping mechanisms (particularly alcohol).’

An interesting question from the point of view of gender equality is why, relatively, there are high numbers of men as *Carers*? We know very little about how men become *Carers*, what kind of negotiations or options they have when becoming *Carers*, the kinds of problems they encounter or support services they require. It is important learn about the educational or training needs of male Carers and how younger generations of men can be prepared for Caring roles.

In terms of a policy response Cullen, Delaney and Duff (2004) caution about ‘stereotyping’ of Carers pointing out the diversity of Carers in different circumstances, and propose a broad range of services to cater for them to allow for ‘real choices’. The Equality Authority (2005: 5) proposed the State should revalue care and that Carers should be supported, and have called for ‘a new sharing of caring between Carers and the state’ that would address the ‘residual model of care’. They want to see ‘a greater role for the state in relation to the provision of care services that are appropriate, adequate and accessible’ and they argue that policy and provision impacting on carers take account of the diversity amongst Carers (in terms of gender, socio-economic status, ethnicity -including Travellers-, sexuality, age, unpaid Carers and those in the labour market, people with disabilities, and people who are single, married or cohabiting). A proposed National Carers Strategy was scrapped by the previous government but the incumbent have tentatively announced its revival (Minister for Social Protection (Deputy Joan Burton), 2011). It is very important that the Strategy addresses male Carers and the issue of gender inequality more broadly. Moreover it is crucial that we begin to perceive caring as a social issue that is a shared responsibility for men and women and not *solely* a private matter for families to negotiate.

Care Leave and Related Entitlements

Compared to other European countries care leave in Ireland rates poorly (Helen Russell, et al., 2009). Maternity leave entitlements have increased to 26 weeks paid and 16 unpaid. *Force majeure* leave of 3 days per year is allowed. Carers Leave is available for employees to take a 65 week break if providing full-time care for an elderly or disabled person, generally unpaid although one may be entitled to an allowance (McGinnity & Russell, 2008: 15). There is no statutory entitlement to paternity leave in Ireland either paid or unpaid. The 1998 Parental Leave Act provided 14 week of unpaid leave which must be taken before the child is 8 years of age (16 years with disabilities) but the leave is non-transferable between the parents (this is discretionary if both parents work for the same employer). Men’s take up of Parental Leave is generally poor (Helen Russell, et al., 2009). Drew (2011) notes that current take up rates for Parental Leave are unavailable but she highlights a previous 2001 survey showing that 16% of leave was taken up by men. An expectant father of a child (if he is employed under a contract of employment) is entitled to time off from work, without loss of pay to attend the last 2 antenatal classes in a set before the birth.

The limited scope of leave entitlements, the fact that there is no right to work part time, and because care services are poor and expensive, result in a greater reliance on

informal care arrangements, as well as flexible working and family friendly arrangements (McGinnity & Russell, 2008; Redmond, Valiulis, & Drew, 2006; Helen Russell, et al., 2009). Overall women are far more likely to take up on flexible working arrangements than men (including take up on part-time hours, job sharing and flexitime, although men are much likely to work from home) (O'Connell & Russell, 2005; Helen Russell & Banks, 2011; Helen Russell, et al., 2009). Family-friendly work-life balance policies within organisations require careful scrutiny for their impact on gender equality. Russell, O'Connell, and McGinnity (2009) study on Irish policies found that not all policies reduce work-life conflicts and the policies in place can have different levels of take-up as well as different benefits and negative consequences for men and women.

2.1.3. How does the birth of the 1st child affect men's care and household contribution?

As noted earlier, when couples have children women's care work increases, and couples often resort to a more traditional division of labour. However, in a study of four European cities (Dublin, Paris, Copenhagen and Bologna), Fine-Davis et al (2004) explored work-life balance among parents finding 'Irish respondents were most likely to have changed their working time following the birth of their youngest child (56% of women and 46% of men), in the majority of cases reducing their working hours' (cited in Helen Russell & Banks, 2011: 32). More research is required on this topic.

2.1.4. Care conflicts and regulations related to married, unmarried and divorced parents

One-parent families have increased from 153,900 in 2002 to 189,200 in 2006 (23% increase, representing 18% of all families (CSO, 2002, 2006). Numbers of lone parents can be understated because of problems indentifying lone parents who may reside with their parents (CSO, 2010). Female lone parents ranged from a low of 93,800 (89.8%) in 2,000 to a high of 137,000 (92.6%) in 2010, an increase of 46.2% (CSO, 2010). Female lone parents are more likely than male lone parents to have responsibilities for children under 5.

Between 2000 and 2010, on average 10,781 men were listed as lone parents with lows of 9,800 in 2003 and 2005 and a high of 12,400 in 2009 (CSO, 2010). However, surprisingly little is known about the various ways that men are involved in caring for children outside of traditional intact heterosexual-couple families. Men's involvement in caring for children outside this traditional form can be affected by many factors including whether the father is biological/non-biological/step-father, resident/non-resident, married/separated/divorced, shared/joint custodian/guardian, gay/heterosexual, foster/adoptive/social parent and so forth. And while we have some knowledge about men who want to be involved with their children as fathers, we know little about men who shun involvement or abdicate caring responsibilities.

We do know that lone parents encounter many problems, not least in accessing the labour force, education and training, but additionally they experience social stigma and there is evidence that lone fathers face particular problems (NESF, 2001). Irish men in particular have been found to display a 'residual conservatism' towards lone mothers compared to women (Rush & Richardson, 2007: 96; Rush, Richardson, & Kiely, 2006), but lone fathers also encounter suspicion and stigma (Corcoran, 2005).

The National Economic and Social Forum (2001: 103) found evidence of 'a significant level of contact between non-resident fathers and their children in at least half of all cases' and recognised the importance of involving non-resident fathers in caring but additionally

noted the obstacles to getting fathers more involved. Non-resident fathers encounter several problems in respect of having a greater involvement in caring, and '...while there is considerable legal, moral and social pressure on fathers to financially support their children, there are few supports in place to foster an active fathering role' (Commission on the Family, 1998, cited in NESF 2001: 105). A key issue, the NESF found was the inextricable link in the eyes of single fathers between maintenance and their rights to access/guardianship. Non-resident fathers can find it very difficult to carve out a fathering role even when that are very committed in the face of economic, social and institutional obstacles including accommodation problems and inadequate gender appropriate support networks (Corcoran, 2005; NESF, 2001). Some groups of lone fathers encounter particular difficulties. The National Economic and Social Forum (2001) note that most non-resident fathers are neither drug users, in prison, nor homeless, but most of the men in these categories are non-resident fathers.

Ferguson and Hogan (2004) conducted qualitative research with what they termed 'vulnerable fathers', mothers, their children and child welfare professionals to establish a 'father-inclusive framework for family policy and practice'. They found strong evidence that social services (particularly state services) exclude and marginalise fathers who could otherwise prove a valuable resource in child care and protection. They noted the 'dynamics of men's exclusion' whereby welfare systems exclude men even when they were actively seeking to include men. Most significant was the perception of men 'as dangerous, non-nurturing beings' sometimes based on 'their appearance and perceived life-styles'. Despite the potential for fathers to enable social worker's to 'promote the welfare of children' they found 'that social workers generally expect mothers to carry the load, leaving the potential resource those fathers have to offer largely untapped'.

Much of the debate surrounding this issue in Ireland has focussed on the denial of fathers rights to guardianship, custody or access to their children in the variety of situations that arise. Though discrimination against the children of non-married parents was 'largely eliminated' with the Status of Children Act 1987, the rights and duties of non-married fathers remains unresolved (Walsh & Ryan, 2006: 114). Married parents have 'co-equal rights of guardianship', but fathers who are unmarried have no automatic right to guardianship of their children, and where a dispute exists, they often have to seek the sanction of the courts to settle guardianship and other issues unless there is agreement with the mother (ibid.). Consequently, the last 20 years have witnessed the growth of fathers' rights and separated fathers groups claiming that single/separated fathers experience discrimination on the grounds of gender, family and marital status and in particular that the courts are secretive and biased against men. Indeed the courts have been found to be 'imbalanced' historically especially in considering the care of children more appropriate for women, but these practices are claimed to have ended (Coulter, 2007). The recently enacted Civil Partnership and Certain Rights and Obligations of Cohabitants Act 2010 has enhanced the rights of cohabitants under certain circumstances but has not addressed parental rights (Eliott, 2010). There are also problems related to 'social parents'-non-married partners who are social rather than natural parents, or in *loco parentis*-, to, for example, access parental leave or to have duties in respect of the children they parent raising problems for cohabiters and gay parents (Walsh & Ryan, 2006: 117). The Law Reform Commission have sought to modernize the legal situation in respect of non-marital family relationships (Law Reform Commission, 2009). In their report on 'Legal Aspects of Family Relationships' (2010) they recommend:

‘that the term “guardianship” be replaced with the term “parental responsibility.”....that parental responsibility should be defined in legislation as including the duty to maintain and properly care for a child....that the term “custody” be replaced with the term “day-to-day care.”...[which should be]...defined in legislation as including the ability of the parent, or person in loco parentis, to exercise care and control over a child on a day-to-day basis, to protect and to supervise the child...the enactment of a Children and Parental Responsibility Act...that legislation be enacted to provide for automatic joint parental responsibility (guardianship) of both the mother and the father of any child...in the absence of agreement with the mother a non-marital father can register his name on the birth certificate of the child...[a] process to enable the mother of a child to enter the name of a man on the birth certificate as the father of the child without agreement...the presumption of paternity is rebutted where a married woman provides evidence that she has not had contact with her husband for a minimum period of 10 months and she makes a statutory declaration that he is not the father of the child...the term in loco parentis be defined in general terms as a person who is not the parent of a child but who, acting in good faith, takes on a parental role in relation to the child....category of persons who can apply for contact with a child should be expanded to include persons with a bona fide interest in the child....facilitate the extension of parental responsibility to civil partners and step-parents...the ability to apply for day-to-day care (custody) should be extended to relatives of a child, persons in loco parentis and persons with a bona fide interest in the child in circumstances where the parents are unable or unwilling to exercise parental responsibility...’

The Equality Authority has broadly welcomed the Law Reform Commission’s suggestions, however among other issues, they have noted they could go further in some respects to address care issues arising upon the death of a natural parent as well as tax and inheritance in respect of non-biological parents, and also that additional safeguards are needed for women in cases of non-consensual conception (Equality Authority, 2010).

2.2. Labour: men at work

The economy has changed dramatically in Ireland during the period 2001-2011. The period from 1997 up to 2007 was marked by high economic growth, rapid labour market expansion, high levels of economic migration/ immigration, significant policy changes (e.g. maternity / parental leave, National Minimum Wage), and a significant increase in women’s participation in the labour market (Helen Russell, McGinnity, Callan, & Keane, 2009).

2.2.1. Segregation by gender

There are several historical and cultural reasons as to why the Irish labour market is highly segregated by gender. Among these are gendered education experiences related to subject allocation in education and other issues related to choice continue to see gendered segregation in second level and third level, as occurs for example in third-level engineering (Drew & Roughneen, 2004). Over the past 10 years women have made inroads into some traditionally male dominated occupations including managerial/executive occupations, business and commerce occupations, and professional occupations but there has been a decrease in women’s participation in some other areas such as computer software occupations (Helen Russell, et al., 2009). Russell et al (2009: xii) note that overall labour market segregation was stable between 1996 and 2006 but by international standards it remains high:

‘Vertical segregation is still highly evident - i.e. the under-representation of women at the higher levels within occupations...[men] are twice as likely as women to occupy senior and middle management positions. The ratio of men to women among these higher management positions is found to be highest in the business and finance sector and lowest in the health sector’.

O’Sullivan (2007) notes that in some ways the labour market has become more rather than less segregated in recent years apart from professional sectors. She describes horizontal segregation as particularly ‘bleak’ for women because women are concentrated in sectors that are lower status and pay. 63 per cent of women are still located in just 5 occupational categories (Helen Russell, et al., 2009). Women have made particular advances in the professions where there are nearly equally represented, but as O’Sullivan (2007) argues the structures of paid work continue to favour men. Studies have found women to be disadvantaged in many male dominated sectors especially because they continue to operate a model that ignores caring obligations and resists the adoption of family friendly practices. This has been found in the legal profession (Bacik & Drew, 2003; Bacik & Drew, 2006), in higher education (Grummell, Devine, & Lynch, 2009; O’Connor, 2008), in small businesses (Eileen Drew & Anne Laure Humbert, 2010), and among entrepreneurs (Eileen Drew & A. L. Humbert, 2010; Drew & Humbert, 'in press'). Women’s participation rates tend to drop at peak child bearing age whereas men’s rates of participation are higher at all ages (O’Sullivan, 2007). The low rates of participation of women with children under 5 and among lone parents suggest persistent barriers to paid work (Helen Russell, et al., 2009). Workplace structures and practices broadly operate on the basis that workers are care-free workers (Lynch, Baker, Walsh, & Lyons, 2009).

While women are making inroads in traditional male dominated sectors, men are not making inroads into female dominated sectors. Men are underrepresented in many traditionally female dominated occupations including primary school teaching, social care, and early child care, for a variety of reasons not least because they attract lower status and pay and because they are not perceived a legitimate occupations for men (Drew, 2006; Fine-Davis, et al., 2005; Irish National Teachers Organisation, 2004; McElwee, 2001; McElwee, Jackson, Cameron, & McKenna-McElwee, 2003). Organisations like *Men in Childcare* and the campaign *Men as Teachers and Educators* have emerged to support men working in these sectors.

Women are much more qualified than 10 years ago and their participation in the labour market over that time has decreased the gender pay gap slightly (Helen Russell, et al., 2009). Analysis of the National Employment Survey in 2003 attributed a wage gap of almost 22% to men’s more years of work experience, longer tenure and seniority, higher trade union membership, lower incidence of part-time, occupational and gender segregation, less likelihood of taking time out of the labour market to provide care, yet significantly ‘a gap of 7.8 per cent -one third of the total’ is non attributable to any of these factors (McGuinness, Kelly, Callan, & O’Connell, 2009: iii). However, ‘Despite progress in terms of women’s overall participation in the labour force, and some progress in terms of promotional prospects, women’s economic power remains weaker than men’s overall and this disadvantage begins early in women’s working lives’ (O’Sullivan, 2007: 277). ‘Women’s employment patterns are characterised by higher levels of part-time work and high concentration in the so called informal sector with lower earnings and less social protection’ (National Women’s Council of Ireland, 2011). Overall, women face lower pay, unequal pay, horizontal segregation, vertical segregation and discrimination on the grounds of gender (O’Sullivan, 2007).

2.2.2. Labour forms by gender

Unemployment among both men and women has rose sharply in recent years but is slightly higher among men (Helen Russell, et al., 2009). Russell et al note, however, that given the change in attitudes towards women in the workplace it is unlikely that women will simply leave employment and be content to remain in the home. Research is needed on the impact of the current economic recession on men (and women), to ascertain how they are coping, and how gender relations are being affected. Previous research has shown that men are negatively affected by unemployment because it affects their traditional breadwinning roles and their sense of themselves as men (Goodwin, 2002).

2.2.5. Educational achievements (focus on qualitative data, social characteristics, policies and public discourses)

Education raises several issues critical to the role of men in gender equality. The discourse of failing boys is also evident in the Irish context and boys do appear to be struggling compared with girls, but more so when in respect of boys from lower socio-economic backgrounds (Department of Education and Science, 2007). Outcomes for boys and girls are influenced by many different factors but key to them are the different gendered imperatives, for girls to have a caring orientation and for boys to be dominant (Lynch & Feeley, 2009). Tackling the imperative for men to be dominant, and educating boys about sexuality, masculinity, health and wellbeing has been central to attempts to provide boys with a more rounded education in Ireland since the mid 1990's, but these attempts have faced several challenges. For example, the institutional practices of Irish primary schools have been found to lack strategies to deal with oppressive hierarchical gendered relations between boys and girls and among boys in schools where children perceived as different, disabled or weaker experience bullying (Lodge, 2005). Secondary school teachers are also found to be poorly prepared to teach within the highly gendered context of schooling (Renehan, 2006). Particularly controversial was the Exploring Masculinities programme in secondary schools, which formed part of a programme in Social, Personal and Health Education or boys (Department of Education and Science, 1997; Gleeson, Conboy, & Walsh, 2003). Although welcomed widely within the education sector it was much delayed, stalled and contested particularly within the media, and through legal action, and because there was inadequate training for teachers and teacher expertise available (Mac an Ghaill, Hanafin, & Conway, 2004).

The problem of homophobic bullying in Irish schools is significant especially in boys schools (Minton, Dahl, O'Moore, & Donnely, 2008; O'Higgins, 2008, 2009) and there is increasing recognition of the need to address anti-homophobic bullying in schools (O'Higgins-Norman, Goldrick, & Harrison, 2010) as well as wide support among Irish parents of boys for education around issues such as sexual orientation and homophobia (McCormack & Gleeson, 2010). O'Higgins (2008) criticises the Relationships and Sexuality Education (RSE) component of the Social Personal and Health Education programme introduced into secondary schools in 2,000 for ignoring sexual orientation which he suggests creates a silence surrounding homosexuality and homophobia. Research has identified the need for boys and men (especially disadvantaged young men) to be prepared for sexual responsibility, pregnancy and fathering (Harry Ferguson & Hogan, 2007; NESF, 2001; Nixon, Whyte, Buggy, & Greene, 2010). Sex education programmes in schools have lacked a critical engagement in deconstructing dominant masculinity (A Hyde, Drennan, Howlett, & Brady, 2008; Abbey Hyde, Howlett, Drennan, & Brady, 2005). Mac an Ghaill et al (2004) argue for gender studies programmes in schools be made available along with appropriate training for teachers and that comprehensive gender equality policies be developed by schools (Mac an Ghaill, et al., 2004). There has been a particular silence also around the

issue of care and there an urgent need to educate all citizens (boys and girls) for care (Lynch, Lyons, & Cantillon, 2007).

2.3. Overall and single topics: politics, health, violence and others

The past 10 years has seen a reaction against many of the contemporary gains made by women within some sections of the print media and among men's rights groups on the grounds that gender equality is eroding the family (see National Men's Council of Ireland, 2006), and for example on the grounds that men are equal victims of domestic violence (Sheppard & Cleary, 2007). Certainly men report experiencing discrimination equally, but women are:

'much more likely to report discrimination on marital and family status grounds and, to a lesser extent, on the gender ground' but 'forty-five per cent of reports of gender based discrimination came from men, predominantly in relation to financial services. Age, nationality/ethnicity and disability were more commonly cited by men as the perceived grounds of discrimination. Statistical modelling shows that gender is a risk factor in a number of specific domains, independently of other factors such as family status or age. In Work-related discrimination, men are more likely to report experiencing discrimination looking for work, while women are more likely to report experiencing discrimination in the workplace. In services, women were more likely to say they had been discriminated against in accessing health services while men were more likely to say they experienced discrimination accessing financial services such as banking and insurance. In other situations or domains men and women do not differ'. (Helen Russell, Quinn, King O'Rain, & McGinnity, 2008: xi-xii).

However, it is important for policy makers to separate reactionary accounts of men's experiences from legitimate claims that men experience disadvantage and discrimination in various ways because to ignore men's experiences is to feed the narrative that men are the new oppressed.

2.3.1. Political participation

Men remain the main political players in Ireland. There is a need for urgent action to address the democratic deficit.

2.3.2. Health, life expectancy, particularly gendered risk factors

The life expectancy of men in Ireland has increased but men die younger than women (six years on average), at all ages for all leading causes of death (especially road traffic accidents and suicide). Lower class men have worse health than those in higher occupations for all conditions at all ages. Men are much more likely than women to engage in risk behaviours that damage their health and wellbeing and they are also less likely to attend to their health by through routine medical checkups leaving it until their conditions have deteriorated (Mc Evoy & Richardson, 2004). A major cause of these conditions are men's 'traditional values and attitudes towards gender....Boys and young men continue to be socialised to appear in control, to be strong and to take risks; thus reinforcing their exposure to illness and accidental deaths' (Mc Evoy & Richardson, 2004: 7). The performance of masculinity based on dominance, strength, resilience, emotional control inhibits men seeking help for emotional difficulties (Cleary, 2005a). High rates of male suicide, especially for young men, cannot be explained by 'notions of a generalised crisis' among men because

they fail to account for differentials in power and economic status showing that it is particular groups of men that find change challenging whereas others embrace and benefit from it (Cleary & Brannick, 2007). Key issues in promoting men's health in Ireland relate to reversing the belief among men that they are weak if they seek help, and using a gender relations approach that emphasises the concomitant benefits in men's health for women and children (Richardson & Carroll, 2009). The National Men's Health Policy (DHC, 2008) 'recognises that gender equality is best achieved through the integration of the health concerns of men and women in the development, implementation and evaluation of policies, both within and beyond health' and makes a range of positive recommendations related to health, sexuality, domestic violence, care and fathering, family friendly policies, stress, bullying in the workplace among other issues.

Many community development organisations working with men have made a valuable contribution to gender equality. Recently the Equality Authority have provided funding to the Men's Development Network (Men's Network, 2007) to enable its volunteers to become advocates on equality legislation, so that men's groups can disseminate information about equality legislation to marginalised men who may themselves be at risk of discrimination. Community development and vocational education approaches have been important in developing methods to work with marginalised men (see Evoy, 2007; Evoy & Hanlon, 2010). Another interesting initiative in men's community development is the launch of the Irish Men's Shed Network which aims to develop Community Men's Sheds throughout the country (Irish Men's Shed Network, 2011).

2.3.3. Violence (with men as perpetrators and victims)

As mentioned there has been some controversy surrounding men's as perpetrators and victims of violence in Ireland (see Kimmel, 2001). On a more positive front the organisation MOVE (Men Overcoming Violence) provides counselling for men to help them overcome violence and change their attitude to women. There is some evidence also that domestic violence intervention programmes in Ireland have been effective and a potential lead for other countries to follow but their low participant numbers mean that should not be considered a lone response (Debbonaire, Debbonaire, & Walton, 2004).

2.3.4. Military services

There is no military service obligation in Ireland.

2.3.5. Homophobia

See section on education above.

Conclusion

Ireland has a relatively high proportion of male breadwinner couples although the majority of working age couples in Ireland are dual-earners, and the vast majority of mothers work outside the home (McGinnity & Russell, 2008). The fact that women have entered the labour market and the focus of Irish policy means that in contemporary Ireland as O'Sullivan (2007) notes 'to be an adult is to be a worker, irrespective of one's gender or marital status' (p.273). In 2001 the Equality Authority's Platform for Action called for 'restructured workplace and labour market policies that accommodate the multiple roles played by women and men, in particular caring roles, and that allow for more fluidity between different forms of employment and between paid work and fulfilling other responsibilities' (The Equality Authority, 2001: 9). In comparison to other European countries the provision of childcare in Ireland is expensive, of variable quality, and poorly supplied, and elderly care support and

care services fare similarly (McGinnity & Russell, 2008: 14-15). McGinnity and Russell (2008) argue that:

‘employment policies, such as the regulation of working hours and the length and eligibility conditions for parental leave, can influence the extent and division of unpaid work. Generally, our evidence suggests that where men do less paid work there is more sharing of domestic labour. Conversely, men’s long hours of work are inimical to greater involvement in care and housework. Therefore, policies such as paid paternity and parental leave, as well as more flexible work options in male-dominated occupations may be policy options to increase equality in the domestic sphere. State support for childcare may not directly redress inequality in unpaid labour, but will allow women more freedom to engage in paid work where they choose to do so. This, in turn, is likely to reduce the amount of unpaid work they undertake. In general, policies which facilitate the paid employment of women are likely to reduce gender inequalities in terms of unpaid labour, even though female employees have to face an increased total work burden compared to women who are not in paid employment’.

Studies show attitudinal changes among men toward being more involved in caring and women working in the public sphere (Hillard, 2007; Helen Russell & Banks, 2011) but many men continue to hold conservative views and work/life practices have shown a stubborn lack of change (Rush, et al., 2006). Traditional definitions of masculinity based on their roles as breadwinners are changing as they confront more egalitarian norms that call on men to be more involved as nurturers and as they face structural obstacles to reproduce traditional roles either because their work has changed or because women have entered the labour market and are less available to carry the care burden (Harry Ferguson, 2002; Ní Laoire, 2002, 2005). That said, a central obstacle to creating more gender equal family practices, I argue (Hanlon, 'in press'), is that men are understood to be care-free relative to women. It is the moral imperative on women to care with the context of limited and expensive options that shapes women’s care choices more than women’s preferences (Lynch & Lyons, 2008). Caring in Irish society continues to be deeply tied to gender with caring assumed to be women’s responsibility and men presumed to be care-free (Hanlon, 2009; Hanlon & Lynch, 2011; Lynch, et al., 2009; O'Brien, 2007). The dominance of neo-liberal market orientated philosophy to social and economic policy, alongside a historically conservative culture, have created a silence around the issue of equality in care work. Institutional, labour-market, reforms will help enhance men’s role in caring, but it is vital that the discourse surrounding men and women’s roles in society be debated.

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